

APPENDIX 3

PROGRAM DIRECTOR SURVEY

OMB #
Expiration:



THE
CATHOLIC UNIVERSITY
of AMERICA



MSHS Program Director Survey Spring 2017

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SURVEY INSTRUCTIONS

The Administration for Children and Families is conducting the Migrant and Seasonal Head Start (MSHS) Study under contract with Abt Associates Inc., in partnership with Westat and The Catholic University of America. We ask that you complete this survey, which will take about 40 minutes of your time to complete (please feel free to consult with other MSHS staff, as necessary, particularly for questions on program operations). We suggest having information about your program available while completing this part, such as center and staff rosters, enrollment history from past three years, and community assessments.

When completing the survey, please keep in mind:

- There are no right or wrong answers.
- Your responses will not be used for monitoring purposes.
- To answer a question, check the circle or box next to your response with an "X", or write in your response on the line.
- Some questions may not apply to you, so you may be instructed to skip some questions
- Unless otherwise specified, the questions in this survey are focused on the ACF-funded MSHS services (*including the MSHS-Early Head Start expansion funding*). They are not focused on slots or services funded from other sources such as state pre-K, regional Head Start or other sources.
- Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering.

Your participation will make an important contribution to this nationally representative study of Migrant and Seasonal Head Start programs, although there is no direct benefit to you from participating in the study. There is minimal risk for participation in the study. There is a minimal risk of breach of privacy and we have many procedures in place to minimize this risk. For example, survey responses will be kept in secure and protected data files; encryption technology will be used whenever files are transferred electronically; data security scans will be conducted regularly; and only a very limited number of project staff will have access to these data.

Please be assured that all information you provide will be kept private to the extent permitted by law. To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. We will use the Certificate to resist any demands for information that would identify you.

We will not personally identify either you or your program in any report or materials developed from this study. We will use the information that we collect in this study only for research purposes. We will make sure that study researchers respect the privacy of the data and adhere to safeguards for security and privacy.

If you decide to be in this study, the study researchers will have information that links your program to your survey responses, but this information will be kept secure and available only to selected members of the research team. The study researchers may also link MSHS survey responses to administrative data from the Head Start Enterprise System and Program Information Report datasets.

At the end of this study, we will give the information we collect to The Administration for Children and Families. We will also give this information to authorized researchers who will store the data, and who may use the data to answer other research questions. Any personal information that could identify you will be removed or changed before files are shared with The Administration for Children and Families and other researchers. However, The Administration for Children and Families and other researchers will receive MSHS center-level zip codes. These zip codes may be used to link MSHS survey responses and information about the MSHS center to other information about the community, such as resources in the community. This means that there is a possibility that centers could be identified in these datasets. To minimize this risk, other researchers will be required to sign a data use agreement before accessing the data. This means they must respect the privacy of the data, agree to use the data for research purposes only, and follow the rules for keeping your information secure and private.

If you have questions about the MSHS Study, please call us toll-free at [1-888-xxx-xxxx](tel:1-888-xxx-xxxx). A study staff member will be happy to talk with you. If you have questions or concerns about your rights as a study participant, please call the Abt Institutional Review Board toll-free at 1-877-520-6835.

When finished, please return survey to study team by mailing the survey in a prepaid envelope to the following address: [Address here](#)



Institutional Review Board
Study#: 0866
Study Year: 3/30/16 -3/29/17

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A. BACKGROUND AND EXPERIENCE

First, we would like to ask you, the MSHS program director, a few questions about your background and experience.

1. In total, how many years (including this year) have you worked in the early childhood field?
Please round to the nearest year.

_____ years

2. In total, how many years (including this year) have you worked with any MSHS, Head Start, or Early Head Start Program? *Please round to the nearest year.*

_____ years

3. In total, how many years (including this year) have you worked as a director for this MSHS program? *Please round to the nearest year.*

_____ years

4. What experience do you have with migrant and seasonal families? Check all that apply.

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> My family is/were migrant and seasonal farmworkers | <input type="checkbox"/> Kitchen staff |
| <input type="checkbox"/> You are/were a migrant or seasonal farmworker | <input type="checkbox"/> Custodial staff |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Bus Monitor |
| <input type="checkbox"/> Assistant Center Director | <input type="checkbox"/> Transportation Supervisor |
| <input type="checkbox"/> Assistant Program Director | <input type="checkbox"/> Family Service Worker |
| <input type="checkbox"/> Center Director | <input type="checkbox"/> Counselor/ Mental Health Profession |
| <input type="checkbox"/> Area Coordinator | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Regional Director | <input type="checkbox"/> Health Care Worker |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Community Organizer |
| <input type="checkbox"/> Educational Specialist | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Education Manager | <input type="checkbox"/> Financial Officer |
| <input type="checkbox"/> Component Coordinator | <input type="checkbox"/> Information Technology Director |
| <input type="checkbox"/> Outreach staff/recruiter | <input type="checkbox"/> Other (specify): |
| | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> None of the above |

5. What is the highest grade or year of school that you completed?

- No school → GO TO QUESTION 9
- Preschool → GO TO QUESTION 9
- Kindergarten → GO TO QUESTION 9
- 1st grade → GO TO QUESTION 9
- 2nd grade → GO TO QUESTION 9
- 3rd grade → GO TO QUESTION 9
- 4th grade → GO TO QUESTION 9
- 5th grade → GO TO QUESTION 9
- 6th grade → GO TO QUESTION 9
- 7th grade → GO TO QUESTION 9
- 8th grade → GO TO QUESTION 9
- 9th grade → GO TO QUESTION 9
- 10th grade → GO TO QUESTION 9
- 11th grade → GO TO QUESTION 9
- 12th grade without a diploma → GO TO QUESTION 9
- High school diploma/equivalent → GO TO QUESTION 9
- Vocational/technical program after high school without a diploma → GO TO QUESTION 9
- Vocational/technical diploma after high school → GO TO QUESTION 9
- Some college without a degree → GO TO QUESTION 7
- Associate's degree → GO TO QUESTION 6
- Bachelor's degree → GO TO QUESTION 6
- Some graduate or professional school without a degree → GO TO QUESTION 6
- Master's degree (MA, MS) → GO TO QUESTION 6
- Doctoral degree (Ph.D., Ed.D.) → GO TO QUESTION 6
- Professional degree after Bachelor's degree (Medicine/MD, Dentistry/DDS, Law/JD/LLB) → GO TO QUESTION 6
- Don't Know/Refused → GO TO QUESTION 9

6. In what field did you obtain your highest degree? Check one only.

- Child development, human development or developmental psychology
- Early childhood education
- Elementary education
- Special education
- Education administration/management
- Business administration/management
- Public health
- Other field (specify): _____

7. Have you completed any college/university courses on bilingual/Dual Language Learner (DLL) children? Check one only.

- Yes, a whole course was dedicated to bilingual/DLL children
- Yes, a large part of a course was dedicated to bilingual/DLL children
- Yes, one or two classes of a course was dedicated to bilingual/DLL children
- No

8. Do you currently hold any of the following certifications? Check one per row.

	Already have	In the Process of Obtaining	Do not have/ Not in the process of obtaining
a. A Child Development Associate (CDA) credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Another certification in early childhood development (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A license or certificate in social work or nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is your sex? Check one only.

- Male
- Female
- Other

10. In what year were you born?

19 ____

11. What is your race/ ethnicity? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander _
- White

**IF YOU SELECTED "HISPANIC OR LATINO" → GO TO QUESTION 12
IF YOU DID NOT SELECT "HISPANIC OR LATINO" → GO TO QUESTION 13**

12. Which Hispanic or Latino origin best describes you? (Select one or more.)

- Mexican, Mexican-American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, and/or Latino origin (specify): _____

13. Please indicate how well you understand, speak, read, and write in the following languages. Please also indicate how you acquired that language.

	<i>How well do you _____ the language?</i>				<i>Did you speak this language at home with your family when you were a child?</i>
	Understand	Speak	Read	Write	
English	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> No
	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	
Spanish	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> No
	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	
Haitian Creole	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> No
	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	
Mixtec	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> No
	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	
Kanjobal	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> No
	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	
Zapotec	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> No
	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	
	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	
Other	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well	<input type="checkbox"/> No
Specify:	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	
_____	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Very Well	

B. TRAINING AND SUPPORT

Next, we have some questions about the training and support that is provided to staff in your program.

1. Which of the following activities does your MSHS training and technical assistance (T/TA) funding directly support? Check all that apply.

- Attendance at regional, state, or national early childhood conferences
- Paid preparation, planning time for teachers/assistant teachers
- Mentoring or coaching for teachers
- Workshops and trainings sponsored by your program
- Support or funding to attend workshops/trainings provided by other organizations
- Teacher visits to other early childhood classrooms or centers
- A community of learners, also called a professional learning community, facilitated by an expert
- Tuition assistance for teachers for CDA, college, or university courses
- Onsite CDA, A.A., or B.A. courses for teachers
- Incentives such as gift cards for teachers to participate in training and technical assistance (T/TA) activities
- New staff
- Other (specify): _____
- Other (specify): _____
- Other (specify): _____

2. How often have you or other staff in your program used resources provided by the following organizations? Check one per row.

	Never	Rarely	Sometimes	Often
a. The National Center on Head Start Program Management and Fiscal Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. National Center on Early Childhood Development, Teaching, and Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. National Center on Health and Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. National Center on Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The National Center on Parent, Family, and Community Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Region XII Training and Technical Assistance & Collaboration Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. To what extent do the following things make it harder for you to do your job well? Check one for each row.

	Great deal harder	Somewhat harder	Not at all harder
a. Time constraints (not enough hours in a day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Too many conflicting demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Too many reviews a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Not a high enough salary for the job demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not enough support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Not enough training and technical assistance resources for professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Not enough support and communication from the funding agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Not enough funds for supplies and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Limited communication across systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Serving families that speak different languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Serving families that are culturally diverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Serving families that are low-income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Limited availability of/or access to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Not enough qualified teaching staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Anything else? (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. PROGRAM ENROLLMENT

The questions in this section ask about the children in your program.

1. How many children are currently enrolled? How many have enrolled since the season began? How many funded slots are there? Please count only ACF-funded MSHS slots that you directly oversee.

	Currently enrolled	Have enrolled since season began (Cumulative Enrollment)	Funded Slots
Infants (birth to 11 months)	_____	_____	_____
Toddlers (12-35 months)	_____	_____	_____
Preschoolers (36+ months)	_____	_____	_____

2. How do you predict and plan for how many families/children will be seeking enrollment in your program and/or across your centers? Check **all that apply**.

- Communication with families in the area
- Communication with families out of the area
- Communication with farmers/growers
- Communication with other MSHS programs
- Communication across your MSHS centers
- Communication with community programs in the area
- Communication with community programs out of the area
- Communication with Migrant Education
- Prior experience from previous seasons of operation
- Community assessment
- Other: _____

3. To what degree are you able to communicate and coordinate with other MSHS programs to anticipate how many children (from each age group) are likely to enroll? Check **all that apply**.

- Always
- Often
- Occasionally
- Rarely
- Never

D. STAFFING

Here we ask you some questions about the staff that work in your program.

1. What percentage of your teaching staff did your program have to replace this year because the teachers did not return after last year/season? Check one only.

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

2. What are you doing or trying to do to reduce teacher turnover? Check all that apply.

- Increasing teacher salaries and benefits
- Hiring or recruiting more assistants or aides
- Providing more or better training or education
- Providing more opportunities for career advancement
- Subsidies
- Providing better fringe benefits (e.g. tuition, health coverage)
- Giving teachers more say in choice of curriculum and planning of activities
- Providing teachers with better physical facilities (e.g., furniture, classroom or lounge areas)
- Decreasing the number of child slots in order to have more fiscal resources to provide teachers with higher salaries and/or benefits
- Extending how long centers are in operation during the year.
- Increase positive relationships at the centers
- Other (Specify: _____)

E. USE OF DATA AND INFORMATION

1. Which of the following data and information are stored electronically, and can be linked electronically to individual-level child assessment information? Check all that apply.

- Child/family demographics
- Vision, hearing, developmental, social, emotional, and/or behavioral screenings
- Child enrollment and attendance data
- School readiness goals
- Family needs
- Service referrals for families
- Services received by families
- Parent/family attendance data
- Parent/family goals
- CLASS results or other quality measures
- Staff/teacher performance evaluations
- Personnel records
- None of the above
- Other (specify: _____)

F. PROGRAM MANAGEMENT, COMMUNICATION, PARTNERSHIPS AND EXPANSION

The next set of questions asks about how you manage your program, how you communicate and coordinate with other programs and partner with other agencies, and how your program may be changing in size.

1. You have a lot of different responsibilities as a program director, many of which you share with other program and center staff. Please indicate how much of your time is needed for each of the following responsibilities in the course of the year. Please also indicate whether, if available, you would like additional training and technical assistance (T/TA) support in each of these areas.

	How much time is needed for each responsibility?				Would you like additional T/TA support?	
	A lot of my time	A moderate amount of my time	Only a little of my time	None of my time	Yes	No
a. Establishing and maintaining partnerships with other organizations in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Completing the program self-assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working on human resources issues (including staffing and hiring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ensuring compliance with federal standards for Head Start programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ensuring compliance with state or other standards for early childhood programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Designing the training and technical assistance plan for this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Supervising center directors and other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Evaluating center directors and other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Providing educational leadership/establishing the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reviewing child assessment results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Data-driven decision making and/or evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Promoting parent and family engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Fiscal management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Addressing facilities, equipment, and transportation issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Monitoring children's progress toward school readiness goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Working directly with families or addressing family/child issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your program receive any funds from the following sources other than ACF MSHS funding? Check one per row.

	Yes	No
a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees , late pick up/late payment fees	<input type="checkbox"/>	<input type="checkbox"/>
b. Tuitions paid by state government programs (vouchers/certificates, state contracts, transportation, state Pre-K funds, child care subsidies, grants from state agencies)	<input type="checkbox"/>	<input type="checkbox"/>
c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)	<input type="checkbox"/>	<input type="checkbox"/>
d. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations)	<input type="checkbox"/>	<input type="checkbox"/>
e. Revenues from fund raising activities, cash contributions, gifts, bequests, special events	<input type="checkbox"/>	<input type="checkbox"/>
f. Regional Head Start or Early Head Start	<input type="checkbox"/>	<input type="checkbox"/>
g. Consulting Fees	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

3. In the past three years, have you encountered challenging problems in any of the following areas? Check all that apply.

- Recruiting enough infants and toddlers to fill slots
- Recruiting enough preschoolers to fill slots
- Recruiting enough qualified infant and toddler teachers
- Recruiting enough qualified preschool teachers
- Recruiting enough other qualified program staff
- Recruiting enough qualified bus drivers
- Training teachers or staff
- Finding or constructing additional space/facilities
- Maintaining the appropriate number of centers
- Managing the number of parents/families
- Managing the number of staff
- Staff turnover
- Transportation (e.g., buses)
- Other (specify): _____

4. Compared to three years ago, does this MSHS program now serve a greater number of children, fewer children, or about the same number of children? Check one only.

- A greater number of children
- Fewer children
- About the same number of children

5. Compared to three years ago, does this MSHS program now serve a greater number of migrant/seasonal children, fewer migrant/seasonal children, or about the same number of migrant/seasonal children? Check one only for each row.

	A greater number of children	Fewer Children	About the same number of children
a. Migrant children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seasonal children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Compared to three years ago, how many centers, classrooms, and child slots did your program open/add or reduce/close for reasons other than the beginning or end of the season (e.g., due to changes in funding levels, migrancy patterns, weather-related impacts on crops)?

Please only consider ACF-funded MSHS centers or classrooms – not those funded by other sources. Please write in the number of centers, classrooms, and slots on the lines provided below.

- a. New centers opened? _____ ACF-funded MSHS centers
 b. Centers closed? _____ ACF-funded MSHS centers
 c. New classrooms added? _____ ACF-funded MSHS classrooms
 d. Classrooms closed? _____ ACF-funded MSHS classrooms
 e. New child slots added? _____ ACF-funded MSHS slots
 f. Child slots reduced? _____ ACF-funded MSHS slots

7. Why did your program change in these ways over the past three years? Check all that apply.

- Longer waiting list now
 More funding became available
 Decreased funding now
 Increased funding now
 Increased operational cost now
 More availability of other local child care options (e.g., pre-k, other Head Start centers) now
 Less availability of other local child care options (e.g., pre-k, other Head Start centers) now
 More physical space now
 Less physical space now
 More qualified staff now
 Fewer qualified staff now
 Other (specify): _____

8. To what degree have the following affected program operations in the past year? Check one per row.

	Very Positively	Somewhat Positively	Not at all	Somewhat Negatively	Very Negatively
a. Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shifts in migration patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Availability of work for families in local farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Changes in number of migrant versus seasonal families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Immigration and deportation concerns among families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Interest in MSHS among families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. To what degree are you concerned about the following? Check one per row.

	A great deal	Somewhat	Not at all
Concerns about Centers and Programs			
a. The age and condition of physical structure of your centers (including playgrounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The age and condition of classroom furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The amount, age and condition of classroom materials (books, toys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Insufficient indoor space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Insufficient outdoor space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The age and condition of the bus fleet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Number of available buses to pick up children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about MSHS Children			
h. English language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Home language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. School readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other concern (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other concern (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about MSHS Parents			
q. English language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Home language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Literacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Behavioral/Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Other concern (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Other concern (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. INSTRUCTIONAL AND ASSESSMENT PRACTICES

1. Please select ALL the curricula your MSHS program uses. Check all that apply for each age group.

	Infants & Toddlers	Preschoolers
a. Active Learning	<input type="checkbox"/>	<input type="checkbox"/>
b. Bank Street	<input type="checkbox"/>	<input type="checkbox"/>
c. Beautiful Beginnings	<input type="checkbox"/>	<input type="checkbox"/>
d. Building Blocks	<input type="checkbox"/>	<input type="checkbox"/>
e. Creating Child Centered Classrooms – Step By Step	<input type="checkbox"/>	<input type="checkbox"/>
f. Creative Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
g. Curiosity Corner-John Hopkins	<input type="checkbox"/>	<input type="checkbox"/>
h. Emotional Beginnings	<input type="checkbox"/>	<input type="checkbox"/>
i. Games to Play with Babies/Toddlers	<input type="checkbox"/>	<input type="checkbox"/>
j. High/Scope	<input type="checkbox"/>	<input type="checkbox"/>
k. High Reach	<input type="checkbox"/>	<input type="checkbox"/>
l. Learning Activities for Infants	<input type="checkbox"/>	<input type="checkbox"/>
m. Let's Begin with the Letter People	<input type="checkbox"/>	<input type="checkbox"/>
n. Montessori	<input type="checkbox"/>	<input type="checkbox"/>
o. MSHS PATHS (Promoting Alternative Thinking Strategies)	<input type="checkbox"/>	<input type="checkbox"/>
p. Ones and Twos	<input type="checkbox"/>	<input type="checkbox"/>
q. Opening the World of Learning (OWL)	<input type="checkbox"/>	<input type="checkbox"/>
r. Partners as Primary Caregivers	<input type="checkbox"/>	<input type="checkbox"/>
s. Partners for a Healthy Baby	<input type="checkbox"/>	<input type="checkbox"/>
t. Partners in Learning	<input type="checkbox"/>	<input type="checkbox"/>
u. Playtime Learning Games for Young Children	<input type="checkbox"/>	<input type="checkbox"/>
v. Resources for Infant Educators	<input type="checkbox"/>	<input type="checkbox"/>
w. Scholastic Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
x. Talking to Your Baby	<input type="checkbox"/>	<input type="checkbox"/>
y. The Anti-Bias Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
z. Locally Designed Curriculum (specify):	<input type="checkbox"/>	<input type="checkbox"/>
aa. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
bb. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
cc. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

2. What is the MAIN curriculum that your MSHS program uses with each age group? Check only one per column.

	Infants & Toddlers	Preschoolers
a. Bank Street	<input type="checkbox"/>	<input type="checkbox"/>
b. Beautiful Beginnings	<input type="checkbox"/>	<input type="checkbox"/>
c. Building Blocks	<input type="checkbox"/>	<input type="checkbox"/>
d. Creating Child Centered Classrooms – Step By Step	<input type="checkbox"/>	<input type="checkbox"/>
e. Creative Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
f. Curiosity Corner-John Hopkins	<input type="checkbox"/>	<input type="checkbox"/>
g. Emotional Beginnings	<input type="checkbox"/>	<input type="checkbox"/>
h. Games to Play with Babies/Toddlers	<input type="checkbox"/>	<input type="checkbox"/>
i. High/Scope	<input type="checkbox"/>	<input type="checkbox"/>
j. High Reach	<input type="checkbox"/>	<input type="checkbox"/>
k. Learning Activities for Infants	<input type="checkbox"/>	<input type="checkbox"/>
l. Let's Begin with the Letter People	<input type="checkbox"/>	<input type="checkbox"/>
m. Montessori	<input type="checkbox"/>	<input type="checkbox"/>
n. MSHS PATHS (Promoting Alternative Thinking Strategies)	<input type="checkbox"/>	<input type="checkbox"/>
o. Ones and Twos	<input type="checkbox"/>	<input type="checkbox"/>
p. Partners as Primary Caregivers	<input type="checkbox"/>	<input type="checkbox"/>
q. Partners in Learning	<input type="checkbox"/>	<input type="checkbox"/>
r. Playtime Learning Games for Young Children	<input type="checkbox"/>	<input type="checkbox"/>
s. Resources for Infant Educators	<input type="checkbox"/>	<input type="checkbox"/>
t. Scholastic Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
u. Talking to Your Baby	<input type="checkbox"/>	<input type="checkbox"/>
v. The Anti-Bias Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
w. Locally Designed Curriculum (specify):	<input type="checkbox"/>	<input type="checkbox"/>
x. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
y. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

**3. What are the strengths and weaknesses of the main curriculum used for infants and toddlers?
Check all that apply.**

	Strength	Weakness	Neither Strength nor Weakness
a. Guidance on how to plan lessons/units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Learning materials, resources, ad/or examples of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adaptability for the length of the MSHS season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Addresses multiple domains of learning (cognitive, socio-emotional, physical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Alignment with Head Start Early Learning Outcomes Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Room for teacher creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cultural sensitivity to MSHS families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Availability in the home languages of the families in my program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Guidance for supporting language development of dual language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Developmental appropriateness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child-directed or has child-initiated activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Guidance on individualizing instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are the strengths and weaknesses of the main curriculum used for preschoolers? Check one per row.

	Strength	Weakness	Neither Strength nor Weakness
a. Guidance on how to plan lessons/units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Learning materials, resources, ad/or examples of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adaptability for the length of the MSHS season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Addresses multiple domains of learning (cognitive, socio-emotional, physical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Addresses early literacy and/or numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Alignment with Head Start Early Learning Outcomes Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Room for teacher creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cultural sensitivity to MSHS families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Availability in the home languages of the families in my program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Guidance for supporting language development of dual language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Developmental appropriateness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Child-directed or child-initiated activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Guidance on individualizing instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What methods does your program use to assess children? Check all that apply.

- Observations or work sampling
- Parent report
- One-on-one assessments
- Other (specify): _____

6. How are the language skills of Dual Language Learners assessed? Check all that apply.

- English language assessment (Specify: _____)
- Home language assessment (Specify: _____)
- All language assessment that is administered across the two languages (for example, children can respond in English or their home language).
(Specify: _____)

7. Which child assessments does your program use with most or all of the children? Check all that apply for each age group.

	Infants & Toddlers	Preschoolers
a. Ages and Stages Questionnaires (including ASQ: Socioemotional)	<input type="checkbox"/>	<input type="checkbox"/>
b. Assessment, Evaluation, and Programming System (AEPS)	<input type="checkbox"/>	<input type="checkbox"/>
c. Battelle Developmental Inventory-Screening Test	<input type="checkbox"/>	<input type="checkbox"/>
d. Brigance Early Childhood Screens	<input type="checkbox"/>	<input type="checkbox"/>
e. Denver Developmental Screening	<input type="checkbox"/>	<input type="checkbox"/>
f. Desired Results Developmental Profile (DRDP)	<input type="checkbox"/>	<input type="checkbox"/>
g. Developmental Assessment of Young Children (DAYC)	<input type="checkbox"/>	<input type="checkbox"/>
h. DIAL-4 (Developmental Indicators for the Assessment of Learning)	<input type="checkbox"/>	<input type="checkbox"/>
i. Early Screening Profiles (ESP)	<input type="checkbox"/>	<input type="checkbox"/>
j. Galileo	<input type="checkbox"/>	<input type="checkbox"/>
k. Early Screening Inventory	<input type="checkbox"/>	<input type="checkbox"/>
l. FirstSTEP	<input type="checkbox"/>	<input type="checkbox"/>
m. Hawaii Early Learning Profile (HELP)	<input type="checkbox"/>	<input type="checkbox"/>
n. High/Scope Child Observation Record (COR) or COR Advantage	<input type="checkbox"/>	<input type="checkbox"/>
o. Learning Accomplishment Profile (LAP Including E-LAP, LAP-R, LAP-D)	<input type="checkbox"/>	<input type="checkbox"/>
p. Ounce Scale	<input type="checkbox"/>	<input type="checkbox"/>
q. Parents' Evaluation of Developmental Status (including PEDS, PEDS-DM)	<input type="checkbox"/>	<input type="checkbox"/>
r. Teaching Strategies GOLD (previous version known as the Creative Curriculum Development Continuum Assessment Toolkit for Ages 3-5)	<input type="checkbox"/>	<input type="checkbox"/>
s. Work Sampling System for Head Start	<input type="checkbox"/>	<input type="checkbox"/>
t. Assessment designed for this program (specify):	<input type="checkbox"/>	<input type="checkbox"/>
u. Another state developed assessment (specify):	<input type="checkbox"/>	<input type="checkbox"/>
v. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
w. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
x. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

H. LANGUAGE OF INSTRUCTION AND LANGUAGE POLICIES

1. **What language(s) are typically used by teachers/assistant teachers for instructional activities in your program? Check one or more.**
 - English
 - Spanish
 - Haitian Creole
 - Mixtec
 - Kanjobal
 - Zapotec
 - Other language (specify): _____

2. **What languages are used for printed materials in your program (e.g., letters to parents)? Check one or more.**
 - English
 - Spanish
 - Haitian Creole
 - Mixtec
 - Kanjobal
 - Zapotec
 - Other language (specify): _____

3. **Does your MSHS program offer or make available any of the following services for parents and/or families of children who are dual language learners (DLLs)? Check one or more.**
 - Assessment of English language skills for family members
 - Assessment of basic reading and writing skills for families of DLL children
 - Activities and workshops for parents of DLLs about dual language development
 - Information about adult English as a Second Language or education and community resources
 - Adult English as a Second Language classes at centers
 - Translators

4. What is the instructional language approach of your MSHS program for infants, toddlers, and preschoolers? Please select a response in the table below.

Please also indicate whether there is a formal language policy in place (i.e., a written policy or strict set of rules that program directors communicate to centers).

<i>What is the instructional language approach of your MSHS program?</i>	<i>Is there a formal (written) language policy for this age group?</i>	
	Yes	No
English used exclusively		
English for instruction with some use of home language(s)		
Use of both English and home language(s) for instruction		
Use home language(s) for instruction with some use of English		
Home language used exclusively		
Infants (birth-11 months)	<input type="checkbox"/>	<input type="checkbox"/>
Toddlers (12-35 months)	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers (36+ months)	<input type="checkbox"/>	<input type="checkbox"/>

5. Has your program used ACF's Dual Language Learner Toolkit?

- No, not yet
- Yes, we have used it

I. TRANSITIONS

1. In what ways does your program facilitate MSHS families' transitions out of the area if they migrate or move? Check **all that apply**.

- Provide list of other MSHS centers to families
- Provide list of early childhood programs and/or schools to families
- Create a folder of important paperwork that families can give to next center/school
- Create a folder of important paperwork to keep for their own records
- Talk with staff at next center/school
- Electronically transfer records to next center/school
- MOUs (memorandums of understanding) with other grantees
- Other (specify): _____
- None of the above

2. To what degree do you communicate with other grantee agencies to discuss the following issues? Check **one per row**.

	A great deal	Somewhat	Not at all
a. The migration of specific families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes in the weather, crops or migration patterns that might affect this year's operational schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall changes in the migration patterns across multiple years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The specific needs of children and/or families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you experience any of these barriers to communicating with other grantees/delegates? Check **all that apply**.

- Time
- Personnel
- Limited relationship with other MSHS grantees/delegates
- Operational schedules that do not overlap
- Parental choice
- Other (specify): _____
- None of the above

J. GRANTEE SUPERVISION OF DELEGATES

1. To what degree do you as a grantee provide policies, resources, supports and/or oversight to your delegate(s) in the following areas?

	Grantee provides no support/ oversight and the delegate has full autonomy	Grantee provides little support/ oversight and the delegate has primary responsibility	The oversight responsibilities are equally shared between the delegate and grantee	Grantee provides primary support/ oversight and the delegate has some responsibility	Grantee provides complete support/ oversight and the delegate has minimal responsibility
a. Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family outreach and recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parent/Family engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Referral and services for children and families experiencing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Community needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Development and maintenance of community partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Implementation of Head Start Performance Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Identification and implementation of state and federal regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Professional development of staff (Training and Technical Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Determining staff salary structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Fiscal management and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Creation and enforcement of policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Grantee provides no support/ oversight and the delegate has full autonomy	Grantee provides little support/ oversight and the delegate has primary responsibility	The oversight responsibilities are equally shared between the delegate and grantee	Grantee provides primary support/ oversight and the delegate has some responsibility	Grantee provides complete support/ oversight and the delegate has minimal responsibility
o. Record keeping and management information system management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Physical structure, development and maintenance of centers (& other resources such as busses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Materials and other resources (e.g., classroom materials, other supplies or resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. DELEGATE SUPPORT FROM GRANTEES

1. To what degree does your grantee provide policies, resources, supports and/or oversight to you as a delegate the following areas?

	Grantee provides no support/ oversight and the delegate has full autonomy	Grantee provides little support/ oversight and the delegate has primary responsibility	The oversight responsibilities are equally shared between the delegate and grantee	Grantee provides primary support/ oversight and the delegate has some responsibility	Grantee provides complete support/ oversight and the delegate has minimal responsibility
a. Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family outreach and recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parent/Family engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Referral and services for children and families experiencing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Community needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Development and maintenance of community partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Implementation of Head Start Performance Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Identification and implementation of state and federal regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Professional development of staff (Training and Technical Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Determining staff salary structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Fiscal management and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Creation and enforcement of policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Record keeping and management information system management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Grantee provides no support/ oversight and the delegate has full autonomy	Grantee provides little support/ oversight and the delegate has primary responsibility	The oversight responsibilities are equally shared between the delegate and grantee	Grantee provides primary support/ oversight and the delegate has some responsibility	Grantee provides complete support/ oversight and the delegate has minimal responsibility
p. Physical structure, development and maintenance of centers (& other resources such as busses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Materials and other resources (e.g., classroom materials, other supplies or resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>